

**DOMESTIC VIOLENCE HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)**

\*if program is not a designated domestic violence program please use regular "Housing Programs" form to receive written consent

\*unsheltered households should use *Unsheltered/Living with Family or Friends* form

ONE FORM PER HOUSEHOLD

Program Name: _____	
<input type="radio"/> Emergency Shelter	<input type="radio"/> Transitional Housing Program ( <u>only required if client is not already in HMIS</u> )

Have you been continuously homeless for a year or more?   ☐ Yes   ☐ No

How many episodes of homelessness have you had in the past three (3) years?   ☐ Less than 4   ☐ At least 4

Household Information												
(Please enter each HH member below. Use additional form if household has more than four members.)												
How many people are in your household? Adults: _____ Children: _____							Disabilities					
Last Known Permanent City _____ ZIP _____							Check <b>all</b> that apply to each client					
Relation to Head of Household (if applicable) Spouse/Partner/ Child/Etc.	Birth Year	Gender (M, F, Transgender M to F, or F to M)	Race* (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	Veteran (ever served in the military)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS
Self												

\*White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Other (O)

Circumstances that Caused Your Homelessness (check <b>all</b> that apply)			
<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Primarily Economic Reasons	<input type="checkbox"/> Displacement/lost temp. living sit.	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Aged out of Foster Care	<input type="checkbox"/> Out of Home Youth
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Eviction	<input type="checkbox"/> Discharged from an Institution	<input type="checkbox"/> Transient on the Road
<input type="checkbox"/> Family Crisis/Break-up	<input type="checkbox"/> Lack of Childcare	<input type="checkbox"/> Lack of Job Skills	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Illness/Health Problems	<input type="checkbox"/> Medical Costs	<input type="checkbox"/> Conviction (misdemeanor/felony)	<input type="checkbox"/> Refused

Source(s) of Household Income and Benefits (check <b>all</b> that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Farm/Other Migrant Agricultural Work	
<input type="checkbox"/> Veterans Administration Benefits	<input type="checkbox"/> L&I/Workers' Compensation	<input type="checkbox"/> Relatives, Partners or Friends	
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Part-time Work	<input type="checkbox"/> Child Support	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Employed Full-time at Low-wage Job	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

**This form is only to be used at Domestic Violence agencies or other sites that do not collect personally identifying information (name and date of birth). Please use the regular 2015 PIT Survey Form (with signature line and release of information) for other locations in order to avoid duplication.**

#### **INSTRUCTIONS FOR SURVEYORS**

**All information in the survey is required.** If someone refuses to answer questions for the survey, please make sure to fill in at least location, gender, and a year of birth for them. If you do not know the exact birth year of a household member, guesses are OK.

**\*\*Important:** DO NOT enter into HMIS a name, birth day, or birth month for households with an individual who is: 1) in a DV agency; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) has HIV/AIDS or 4) anyone you do not have written informed consent from. \*\* However, a signature is not needed to collect other information. All homeless households and individuals should have a form filled out.

**The purpose of this survey** is to help with the planning of providing services and housing to homeless individuals and to identify the types of assistance needed. It is also a requirement to receive funding from HUD and the WA State Dept. of Commerce.

**Disabilities:** Please make sure to record applicable disabilities for each household member. If a household member has no disabilities please select NONE APPLY. If the disability section is blank we will assume the question wasn't asked or the client refused to answer.

**Shelter Programs:** Surveys should be collected at a shelter program (emergency or transitional). Please make sure to write the name of the shelter program and batch them together when submitting to lead PIT agency.

**Only** persons staying in a homeless housing program (emergency shelter or transitional housing) should complete this form. Unsheltered persons or persons living with family or friends should complete the 2015 *UNSHELTERED/LIVING WITH FAMILY OR FRIENDS* form.

**Each member of a household** should be listed in the Household Information section. **A single person is considered a household** (i.e., "a household consisting of one person"), so **single individuals should complete the Household Information section.**

If you have any questions about how to fill out this survey or how this data will be used, please don't hesitate to call Commerce at (360) 725-2926.